

Bill No. SB 1216

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Proposed Committee Substitute by the Committee on Health Care

1 A bill to be entitled

2 An act relating to health care practitioners;

3 amending s. 456.031, F.S.; revising

4 requirements for instruction of certain health

5 care practitioners concerning domestic

6 violence; amending s. 456.033, F.S.; revising

7 requirements for instruction of certain health

8 care practitioners concerning HIV and AIDS;

9 amending s. 456.041, F.S.; requiring advanced

10 registered nurse practitioners to submit

11 protocols as part of practitioner profiles to

12 the Department of Health; amending s. 458.319,

13 F.S.; eliminating an option for medical

14 physicians to complete continuing education

15 courses in end-of-life care in lieu of

16 continuing education in AIDS/HIV; amending s.

17 458.348, F.S.; providing requirements for the

18 supervision of certain health care

19 practitioners by physicians; repealing s.

20 459.008(5), F.S.; eliminating an option for

21 osteopathic physicians to complete continuing

22 education courses in end-of-life care in lieu

23 of continuing education in AIDS/HIV; creating

24 s. 459.025, F.S.; providing requirements for

25 the supervision of certain health care

26 practitioners by osteopathic physicians;

27 requiring physicians or osteopathic physicians

28 to supervise certain persons performing

29 electrolysis using laser or light-based hair

30 removal or reduction; amending 464.012, F.S.;

31 requiring certain advanced registered nurse

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1 practitioners to file protocols with the Board
2 of Nursing; specifying requirements for the
3 protocols; providing an effective date.
4

5 Be It Enacted by the Legislature of the State of Florida:
6

7 Section 1. Section 456.031, Florida Statutes, is
8 amended to read:

9 456.031 Requirement for instruction on domestic
10 violence.--

11 (1)(a) The appropriate board shall require each person
12 licensed or certified under chapter 458, chapter 459, part I
13 of chapter 464, chapter 466, chapter 467, chapter 490, or
14 chapter 491 to complete a 1-hour continuing education course,
15 approved by the board, on domestic violence, as defined in s.
16 741.28, as part of every third biennial relicensure or
17 recertification. The course shall consist of information on
18 the number of patients in that professional's practice who are
19 likely to be victims of domestic violence and the number who
20 are likely to be perpetrators of domestic violence, screening
21 procedures for determining whether a patient has any history
22 of being either a victim or a perpetrator of domestic
23 violence, and instruction on how to provide such patients with
24 information on, or how to refer such patients to, resources in
25 the local community, such as domestic violence centers and
26 other advocacy groups, that provide legal aid, shelter, victim
27 counseling, batterer counseling, or child protection services.

28 (b) Each such licensee or certificateholder shall
29 submit confirmation of having completed such course, on a form
30 provided by the board, when submitting fees for every third
31 ~~each~~ biennial renewal.

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1 (c) The board may approve additional equivalent
2 courses that may be used to satisfy the requirements of
3 paragraph (a). Each licensing board that requires a licensee
4 to complete an educational course pursuant to this subsection
5 may include the hour required for completion of the course in
6 the total hours of continuing education required by law for
7 such profession unless the continuing education requirements
8 for such profession consist of fewer than 30 hours biennially.

9 (d) Any person holding two or more licenses subject to
10 the provisions of this subsection shall be permitted to show
11 proof of having taken one board-approved course on domestic
12 violence, for purposes of relicensure or recertification for
13 additional licenses.

14 (e) Failure to comply with the requirements of this
15 subsection shall constitute grounds for disciplinary action
16 under each respective practice act and under s. 456.072(1)(k).
17 In addition to discipline by the board, the licensee shall be
18 required to complete such course.

19 ~~(2) The board shall also require, as a condition of~~
20 ~~granting a license under any chapter specified in paragraph~~
21 ~~(1)(a), that each applicant for initial licensure under the~~
22 ~~appropriate chapter complete an educational course acceptable~~
23 ~~to the board on domestic violence which is substantially~~
24 ~~equivalent to the course required in subsection (1). An~~
25 ~~applicant who has not taken such course at the time of~~
26 ~~licensure shall, upon submission of an affidavit showing good~~
27 ~~cause, be allowed 6 months to complete such requirement.~~

28 ~~(3)(a) In lieu of completing a course as required in~~
29 ~~subsection (1), a licensee or certificateholder may complete a~~
30 ~~course in end-of-life care and palliative health care, if the~~
31 ~~licensee or certificateholder has completed an approved~~

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1 ~~domestic violence course in the immediately preceding~~
2 ~~biennium.~~

3 ~~(b) In lieu of completing a course as required by~~
4 ~~subsection (1), a person licensed under chapter 466 who has~~
5 ~~completed an approved domestic violence education course in~~
6 ~~the immediately preceding 2 years may complete a course~~
7 ~~approved by the Board of Dentistry.~~

8 ~~(2)(4)~~ Each board may adopt rules to carry out the
9 provisions of this section.

10 ~~(5) Each board shall report to the President of the~~
11 ~~Senate, the Speaker of the House of Representatives, and the~~
12 ~~chairs of the appropriate substantive committees of the~~
13 ~~Legislature by March 1 of each year as to the implementation~~
14 ~~of and compliance with the requirements of this section.~~

15 Section 2. Section 456.033, Florida Statutes, is
16 amended to read:

17 456.033 Requirement for instruction for certain
18 licensees on HIV and AIDS.--

19 (1) The appropriate board shall require each person
20 licensed or certified under ~~chapter 457; chapter 458; chapter~~
21 ~~459; chapter 460; chapter 461; chapter 463; part I of chapter~~
22 ~~464; chapter 465; chapter 466; part II, part III, part V, or~~
23 ~~part X of chapter 468; or chapter 486~~ to complete a continuing
24 education ~~educational~~ course, approved by the board, on human
25 immunodeficiency virus and acquired immune deficiency syndrome
26 as part of biennial relicensure or recertification. The course
27 shall consist of education on the modes of transmission,
28 infection control procedures, clinical management, and
29 prevention of human immunodeficiency virus and acquired immune
30 deficiency syndrome. Such course shall include information on
31 current Florida law on acquired immune deficiency syndrome and

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its impact on testing, confidentiality of test results, treatment of patients, and any protocols and procedures applicable to human immunodeficiency virus counseling and testing, reporting, the offering of HIV testing to pregnant women, and partner notification issues pursuant to ss. 381.004 and 384.25.

(2) Each such licensee or certificateholder shall submit confirmation of having completed the ~~said~~ course required under subsection (1), on a form as provided by the board, when submitting fees for each biennial renewal.

(3) The board shall have the authority to approve additional equivalent courses that may be used to satisfy the requirements in subsection (1). Each licensing board that requires a licensee to complete an educational course pursuant to this section may count the hours required for completion of the course included in the total continuing educational requirements as required by law.

(4) Any person holding two or more licenses subject to the provisions of this section shall be permitted to show proof of having taken one board-approved course on human immunodeficiency virus and acquired immune deficiency syndrome, for purposes of relicensure or recertification for additional licenses.

(5) Failure to comply with the above requirements shall constitute grounds for disciplinary action under each respective licensing chapter and s. 456.072(1)(e). In addition to discipline by the board, the licensee shall be required to complete the course.

(6) The board regulating licensees under chapter 460 shall require ~~as a condition of granting a license under the chapters and parts specified in subsection (1) that an~~

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1 applicant making initial application for licensure to complete
2 an educational course acceptable to the board on human
3 immunodeficiency virus and acquired immune deficiency
4 syndrome. An applicant under chapter 460 who has not taken a
5 course at the time of licensure shall, upon an affidavit
6 showing good cause, be allowed 6 months to complete this
7 requirement.

8 (7) The board shall have the authority to adopt rules
9 to carry out the provisions of this section.

10 (8) The following requirements apply to each person
11 licensed or certified under chapter 457; chapter 458; chapter
12 459; chapter 461; chapter 463; part I of chapter 464; chapter
13 465; chapter 466; part II, part III, part V, or part X of
14 chapter 468; or chapter 486:

15 (a) Each person shall be required by the appropriate
16 board to complete a continuing education course described in
17 subsection (1) no later than upon first renewal.

18 (b) Each person shall submit confirmation described in
19 subsection (2) when submitting fees for first renewal.

20 (c) Each person shall be subject to subsections (3),
21 (4), and (5).

22 ~~(8) The board shall report to the Legislature by March~~
23 ~~1 of each year as to the implementation and compliance with~~
24 ~~the requirements of this section.~~

25 ~~(9)(a) In lieu of completing a course as required in~~
26 ~~subsection (1), the licensee may complete a course in~~
27 ~~end-of-life care and palliative health care, so long as the~~
28 ~~licensee completed an approved AIDS/HIV course in the~~
29 ~~immediately preceding biennium.~~

30 ~~(b) In lieu of completing a course as required by~~
31 ~~subsection (1), a person licensed under chapter 466 who has~~

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~~completed an approved AIDS/HIV course in the immediately
preceding 2 years may complete a course approved by the Board
of Dentistry.~~

Section 3. Paragraph (a) of subsection (1) of section
456.041, Florida Statutes, is amended to read:

456.041 Practitioner profile; creation.--

(1)(a) The Department of Health shall compile the
information submitted pursuant to s. 456.039 into a
practitioner profile of the applicant submitting the
information, except that the Department of Health shall
develop a format to compile uniformly any information
submitted under s. 456.039(4)(b). Beginning July 1, 2001, the
Department of Health may compile the information submitted
pursuant to s. 456.0391 into a practitioner profile of the
applicant submitting the information. The protocol submitted
pursuant to s. 464.012(3) must be included in the practitioner
profile of the applicant submitting the information to obtain
certification as a advanced registered nurse practitioner.

Section 4. Subsections (4) and (5) of section 458.319,
Florida Statutes, are amended to read:

458.319 Renewal of license.--

~~(4) Notwithstanding the provisions of s. 456.033, a
physician may complete continuing education on end-of-life
care and palliative care in lieu of continuing education in
AIDS/HIV, if that physician has completed the AIDS/HIV
continuing education in the immediately preceding biennium.~~

~~(4)(a)(5)(a)~~ Notwithstanding any provision of this
chapter or chapter 456, the requirements for the biennial
renewal of the license of any licensee who is a member of the
Legislature shall stand continued and extended without the
requirement of any filing by such a licensee of any notice or

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1 application for renewal with the board or the department and
2 such licensee's license shall be an active status license
3 under this chapter, throughout the period that the licensee is
4 a member of the Legislature and for a period of 60 days after
5 the licensee ceases to be a member of the Legislature.

6 (b) At any time during the licensee's legislative term
7 of office and during the period of 60 days after the licensee
8 ceases to be a member of the Legislature, the licensee may
9 file a completed renewal application that shall consist solely
10 of:

11 1. A license renewal fee of \$250 for each year the
12 licensee's license renewal has been continued and extended
13 pursuant to the terms of this subsection since the last
14 otherwise regularly scheduled biennial renewal year and each
15 year during which the renewed license shall be effective until
16 the next regularly scheduled biennial renewal date;

17 2. Documentation of the completion by the licensee of
18 10 hours of continuing medical education credits for each year
19 from the effective date of the last renewed license for the
20 licensee until the year in which the application is filed; and

21 3. The information from the licensee expressly
22 required in s. 456.039(1)(a)1.-8. and (b), and (4)(a), (b),
23 and (c).

24 (c) The department and board may not impose any
25 additional requirements for the renewal of such licenses and,
26 not later than 20 days after receipt of a completed
27 application as specified in paragraph (b), shall renew the
28 active status license of the licensee, effective on and
29 retroactive to the last previous renewal date of the
30 licensee's license. This ~~said~~ license renewal shall be valid
31 until the next regularly scheduled biennial renewal date for

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1 such ~~said~~ license, and thereafter shall be subject to the
2 biennial requirements for renewal in this chapter and chapter
3 456.

4 Section 5. Subsections (4) and (5) are added to
5 section 458.348, Florida Statutes, to read:

6 458.348 Formal supervisory relationships, standing
7 orders, and established protocols; notice; standards.--

8 (4) SUPERVISORY RELATIONSHIPS IN MEDICAL OFFICE
9 SETTINGS.--A physician who supervises an advanced registered
10 nurse practitioner or physician assistant at a medical office
11 other than the physician's primary practice location, where
12 the advanced registered nurse practitioner or physician
13 assistant is not under the onsite supervision of a supervising
14 physician, must comply with the standards set forth in this
15 subsection. For the purpose of this subsection, a physician's
16 "primary practice location" means the address reflected on the
17 physician's profile published pursuant to s. 456.041.

18 (a) A physician who is engaged in providing primary
19 health care services may not supervise more than four offices
20 in addition to the physician's primary practice location. For
21 the purpose of this subsection, "primary health care" means
22 health care services that are commonly provided to patients
23 without referral from another practitioner, including
24 obstetrical and gynecological services, and excludes practices
25 providing primarily dermatologic and skin care services, which
26 include aesthetic skin care services.

27 (b) A physician who is engaged in providing specialty
28 health care services may not supervise more than two offices
29 in addition to the physician's primary practice location. For
30 the purpose of this subsection, "specialty health care" means
31 health care services that are commonly provided to patients

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1 with a referral from another practitioner and excludes
2 practices providing primarily dermatologic and skin care
3 services, which include aesthetic skin care services.

4 (c) A physician who supervises an advanced registered
5 nurse practitioner or physician assistant at a medical office
6 other than the physician's primary practice location, where
7 the advanced registered nurse practitioner or physician
8 assistant is not under the onsite supervision of a supervising
9 physician and the services offered at the office are primarily
10 dermatologic or skin care services, which include aesthetic
11 skin care services other than plastic surgery, must comply
12 with the standards listed in subparagraphs 1.-4.

13 Notwithstanding s. 458.347(4)(e)8., a physician supervising a
14 physician assistant pursuant to this paragraph may not be
15 required to review and cosign charts or medical records
16 prepared by such physician assistant.

17 1. The physician shall submit to the board the
18 addresses of all offices where he or she is supervising an
19 advanced registered nurse practitioner or a physician's
20 assistant which are not the physician's primary practice
21 location.

22 2. The physician must be board-certified or
23 board-eligible in dermatology or plastic surgery as recognized
24 by the board pursuant to s. 458.3312.

25 3. All such offices that are not the physician's
26 primary place of practice must be within 25 miles of the
27 physician's primary place of practice or in a county that is
28 contiguous to the county of the physician's primary place of
29 practice. However, the distance between any of the offices may
30 not exceed 75 miles.

31 4. The physician may supervise only one office other

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1 than the physician's primary place of practice except that
2 until July 1, 2011, the physician may supervise up to two
3 medical offices other than the physician's primary place of
4 practice if the addresses of the offices are submitted to the
5 board before July 1, 2006. Effective July 1, 2011, the
6 physician may supervise only one office other than the
7 physician's primary place of practice, regardless of when the
8 addresses of the offices were submitted to the board.

9 (d) A physician who supervises an office in addition
10 to the physician's primary practice location must
11 conspicuously post in each of the physician's offices a
12 current schedule of the regular hours when the physician is
13 present in that office and the hours when the office is open
14 while the physician is not present.

15 (e) This subsection does not apply to health care
16 services provided in facilities licensed under chapter 395 or
17 in conjunction with a college of medicine, a college of
18 nursing, an accredited graduate medical program, or a nursing
19 education program; offices where the only service being
20 performed is hair removal by an advanced registered nurse
21 practitioner or physician assistant; not-for-profit,
22 family-planning clinics that are not licensed pursuant to
23 chapter 390; rural and federally qualified health centers;
24 health care services provided in a nursing home licensed under
25 part II of chapter 400, an assisted living facility licensed
26 under part III of chapter 400, a continuing care facility
27 licensed under chapter 651, or a retirement community
28 consisting of independent living units and a licensed nursing
29 home or assisted living facility; anesthesia services provided
30 in accordance with law; health care services provided in a
31 designated rural health clinic; health care services provided

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1 to persons enrolled in a program designed to maintain elderly
2 persons and persons with disabilities in a home or
3 community-based setting; or health care services provided in
4 federal or state facilities.

5 (5) REQUIREMENTS FOR NOTICE AND REVIEW.--Upon initial
6 referral of a patient by another practitioner, the physician
7 receiving the referral must ensure that the patient is
8 informed of the type of license held by the physician and the
9 type of license held by any other practitioner who will be
10 providing services to the patient. When scheduling the initial
11 examination or consultation following such referral, the
12 patient may decide to see the physician or any other licensed
13 practitioner supervised by the physician and, before the
14 initial examination or consultation, shall sign a form
15 indicating the patient's choice of practitioner. The
16 supervising physician must review the medical record of the
17 initial examination or consultation and ensure that a written
18 report of the initial examination or consultation is furnished
19 to the referring practitioner within 10 business days
20 following the completion of the initial examination or
21 consultation.

22 Section 6. Subsection (5) of section 459.008, Florida
23 Statutes, is repealed.

24 Section 7. Section 459.025, Florida Statutes, is
25 created to read:

26 459.025 Formal supervisory relationships, standing
27 orders, and established protocols; notice; standards.--

28 (1) NOTICE.--

29 (a) When an osteopathic physician enters into a formal
30 supervisory relationship or standing orders with an emergency
31 medical technician or paramedic licensed pursuant to s.

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401.27, which relationship or orders contemplate the performance of medical acts, or when an osteopathic physician enters into an established protocol with an advanced registered nurse practitioner, which protocol contemplates the performance of medical acts identified and approved by the joint committee pursuant to s. 464.003(3)(c) or acts set forth in s. 464.012(3) and (4), the osteopathic physician shall submit notice to the board. The notice must contain a statement in substantially the following form:

I, ...(name and professional license number of osteopathic physician)..., of ...(address of osteopathic physician)... have hereby entered into a formal supervisory relationship, standing orders, or an established protocol with ...(number of persons)... emergency medical technician(s), ...(number of persons)... paramedic(s), or ...(number of persons)... advanced registered nurse practitioner(s).

(b) Notice shall be filed within 30 days after entering into the relationship, orders, or protocol. Notice also shall be provided within 30 days after the osteopathic physician has terminated any such relationship, orders, or protocol.

(2) PROTOCOLS REQUIRING DIRECT SUPERVISION.--All protocols relating to electrolysis or electrology using laser or light-based hair removal or reduction by persons other than osteopathic physicians licensed under this chapter or chapter 458 shall require the person performing such service to be appropriately trained and to work only under the direct supervision and responsibility of an osteopathic physician licensed under this chapter or chapter 458.

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1 (3) SUPERVISORY RELATIONSHIPS IN MEDICAL OFFICE
2 SETTINGS.--An osteopathic physician who supervises an advanced
3 registered nurse practitioner or physician assistant at a
4 medical office other than the osteopathic physician's primary
5 practice location, where the advanced registered nurse
6 practitioner or physician assistant is not under the onsite
7 supervision of a supervising osteopathic physician, must
8 comply with the standards set forth in this subsection. For
9 the purpose of this subsection, an osteopathic physician's
10 "primary practice location" means the address reflected on the
11 physician's profile published pursuant to s. 456.041.

12 (a) An osteopathic physician who is engaged in
13 providing primary health care services may not supervise more
14 than four offices in addition to the osteopathic physician's
15 primary practice location. For the purpose of this subsection,
16 "primary health care" means health care services that are
17 commonly provided to patients without referral from another
18 practitioner, including obstetrical and gynecological
19 services, and excludes practices providing primarily
20 dermatologic and skin care services, which include aesthetic
21 skin care services.

22 (b) An osteopathic physician who is engaged in
23 providing specialty health care services may not supervise
24 more than two offices in addition to the osteopathic
25 physician's primary practice location. For the purpose of this
26 subsection, "specialty health care" means health care services
27 that are commonly provided to patients with a referral from
28 another practitioner and excludes practices providing
29 primarily dermatologic and skin care services, which include
30 aesthetic skin care services.

31 (c) An osteopathic physician who supervises an

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1 advanced registered nurse practitioner or physician assistant
 2 at a medical office other than the osteopathic physician's
 3 primary practice location, where the advanced registered nurse
 4 practitioner or physician assistant is not under the onsite
 5 supervision of a supervising osteopathic physician and the
 6 services offered at the office are primarily dermatologic or
 7 skin care services, which include aesthetic skin care services
 8 other than plastic surgery, must comply with the standards
 9 listed in subparagraphs 1.-4. Notwithstanding s.
 10 459.022(4)(e)8., an osteopathic physician supervising a
 11 physician assistant pursuant to this paragraph may not be
 12 required to review and cosign charts or medical records
 13 prepared by such physician assistant.

14 1. The osteopathic physician shall submit to the Board
 15 of Osteopathic Medicine the addresses of all offices where he
 16 or she is supervising or has a protocol with an advanced
 17 registered nurse practitioner or a physician's assistant which
 18 are not the osteopathic physician's primary practice location.

19 2. The osteopathic physician must be board-certified
 20 or board-eligible in dermatology or plastic surgery as
 21 recognized by the Board of Osteopathic Medicine pursuant to s.
 22 459.0152.

23 3. All such offices that are not the osteopathic
 24 physician's primary place of practice must be within 25 miles
 25 of the osteopathic physician's primary place of practice or in
 26 a county that is contiguous to the county of the osteopathic
 27 physician's primary place of practice. However, the distance
 28 between any of the offices may not exceed 75 miles.

29 4. The osteopathic physician may supervise only one
 30 office other than the osteopathic physician's primary place of
 31 practice except that until July 1, 2011, the osteopathic

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1 physician may supervise up to two medical offices other than
2 the osteopathic physician's primary place of practice if the
3 addresses of the offices are submitted to the Board of
4 Osteopathic Medicine before July 1, 2006. Effective July 1,
5 2011, the osteopathic physician may supervise only one office
6 other than the osteopathic physician's primary place of
7 practice, regardless of when the addresses of the offices were
8 submitted to the Board of Osteopathic Medicine.

9 (d) An osteopathic physician who supervises an office
10 in addition to the osteopathic physician's primary practice
11 location must conspicuously post in each of the osteopathic
12 physician's offices a current schedule of the regular hours
13 when the osteopathic physician is present in that office and
14 the hours when the office is open while the osteopathic
15 physician is not present.

16 (e) This subsection does not apply to health care
17 services provided in facilities licensed under chapter 395 or
18 in conjunction with a college of medicine or college of
19 nursing or an accredited graduate medical or nursing education
20 program; offices where the only service being performed is
21 hair removal by an advanced registered nurse practitioner or
22 physician assistant; not-for-profit, family-planning clinics
23 that are not licensed pursuant to chapter 390; rural and
24 federally qualified health centers; health care services
25 provided in a nursing home licensed under part II of chapter
26 400, an assisted living facility licensed under part III of
27 chapter 400, a continuing care facility licensed under chapter
28 651, or a retirement community consisting of independent
29 living units and either a licensed nursing home or assisted
30 living facility; anesthesia services provided in accordance
31 with law; health care services provided in a designated rural

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1 health clinic; health care services provided to persons
2 enrolled in a program designed to maintain elderly persons and
3 persons with disabilities in a home or community-based
4 setting; or health care services provided in federal or state
5 facilities.

6 (4) REQUIREMENTS FOR NOTICE AND REVIEW.--Upon initial
7 referral of a patient by another practitioner, the osteopathic
8 physician receiving the referral must ensure that the patient
9 is informed of the type of license held by the osteopathic
10 physician and the type of license held by any other
11 practitioner who will be providing services to the patient.
12 When scheduling the initial examination or consultation
13 following such referral, the patient may decide to see the
14 osteopathic physician or any other licensed practitioner
15 supervised by the osteopathic physician and, before the
16 initial examination or consultation, shall sign a form
17 indicating the patient's choice of practitioner. The
18 supervising osteopathic physician must review the medical
19 record of the initial examination or consultation and ensure
20 that a written report of the initial examination or
21 consultation is furnished to the referring practitioner within
22 10 business days following the completion of the initial
23 examination or consultation.

24 Section 8. Subsection (3) of section 464.012, Florida
25 Statutes, is amended to read:

26 464.012 Certification of advanced registered nurse
27 practitioners; fees.--

28 (3) An advanced registered nurse practitioner shall
29 perform those functions authorized in this section within the
30 framework of an established protocol that is filed with the
31 board upon biennial license renewal and within 30 days after

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1 entering into a supervisory relationship with a physician or
 2 changes to the protocol. The board shall review the protocol
 3 to ensure compliance with applicable regulatory standards for
 4 protocols. The board shall refer to the department licensees
 5 submitting protocols that are not compliant with the
 6 regulatory standards for protocols. A practitioner currently
 7 licensed under chapter 458, chapter 459, or chapter 466 shall
 8 maintain supervision for directing the specific course of
 9 medical treatment. Within the established framework, an
 10 advanced registered nurse practitioner may:

- 11 (a) Monitor and alter drug therapies.
- 12 (b) Initiate appropriate therapies for certain
- 13 conditions.
- 14 (c) Perform additional functions as may be determined
- 15 by rule in accordance with s. 464.003(3)(c).
- 16 (d) Order diagnostic tests and physical and
- 17 occupational therapy.

18 Section 9. This act shall take effect July 1, 2006.

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